

MOULTONBOROUGH RECREATION DEPARTMENT

Po Box 411, Moultonborough, NH 03254

(603) 476-8868 Fax: (603) 476-2607

www.moultonboroughnh.gov

INFORMED CONSENT FOR FIELD TRIPS

Name

DOB

AGE

Home Phone

Cell

Participant's Cell

Having been informed of the details of the trip to: _____,
Sponsored by the Moultonborough Recreation Department, I/we the parents of
the above named child, do hereby give our approval to his/her participation in
any and all of the activities scheduled for this trip. I/we do assume all the risks
and hazards incidental to the conduct of the activities, transportation to and from
the venue; and I/we further release, absolve, indemnify and hold harmless the
instructors, organizers, sponsors, Moultonborough Recreation Department staff
and volunteers, or any of the persons transporting my/our son/daughter to or
from the activities.

Please list any special requirement or medical information, including allergies
about your child that supervisors should be aware of: _____

If someone other than yourself will be picking up your child when we return,
please list:

Name: _____

Cell Phone: _____

Other Phone: _____

Parent Signature

Date

Parent Signature

Date